

PERSONAL DATA QUESTIONNAIRE

NON-COMMISSIONED PERSONNEL

THIS SECTION TO BE COMPLETED BY DEPARTMENT/SECTION

SUBMITTED TO IA BY: _____

SECTION/TROOP: _____ DATE: _____

APPLICANT'S NAME: _____

POSITION APPLIED FOR: _____

PLEASE SELECT ONE:

- ☐ I REQUEST THE BACKGROUND BE COMPLETED BY INTERNAL AFFAIRS.
- ☐ MY SECTION INVESTIGATOR WILL COMPLETE THE BACKGROUND INVESTIGATION.

Please Print Investigator's Name

Section/Unit

Telephone#

NOTE: ORIGINAL BACKGROUND PACKET MUST BE FORWARDED TO THE INTERNAL AFFAIRS SECTION. Investigator should work from a copy. The completed investigative summary and backup information are to be forwarded to Internal Affairs for placement in applicant's file.

THIS SECTION FOR INTERNAL AFFAIRS OFFICE USE ONLY:

INTERNAL AFFAIRS TO:

- ☐ Setup a polygraph date and time for candidate and notify you of results.
Date and Time of Polygraph: _____

- ☐ Obtain Credit History Report and place with background; will notify you of the results.

Person notified of results: _____

Date of Notification: _____

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY
PERSONAL DATA QUESTIONNAIRE**

Your failure to provide complete and accurate answers will delay the processing of your background investigation.

INSTRUCTIONS TO APPLICANT

1. You are requested to complete the attached Personal Data Questionnaire. It is mandatory that all areas be answered **COMPLETELY** and **TRUTHFULLY**.
2. You are reminded that any misstatement, deception, or falsification on your part could be cause for rejection or dismissal of your application. If there are questions or doubts in your mind concerning any particular area covered by the questionnaire, it is your responsibility to bring the matter to the attention of the **Supervisor or Division with whom you are applying for employment:**

Casino Gaming Section – (225) 925-4865
General Gaming Section – (225) 925-1793
Audit Section – (225) 922-2534

3. **PRINT** or **TYPE** all information. Handwritten information must be legible.
4. All spaces in the questionnaire **MUST BE COMPLETED**. All questions must be answered completely, accurately, and truthfully. All time periods in your background must be accounted for in all of the requested areas.
5. You must supply all requested information on the questionnaire regarding employers and references; including names, addresses, telephone numbers, and dates. **IT IS YOUR RESPONSIBILITY TO FIND PARTICULAR NAMES, ADDRESSES, TELEPHONE NUMBERS AND DATES.**
6. If a question does not pertain to you, write **“N/A”** (not applicable) in the space.
7. Include a **CERTIFIED** copy of all college transcripts, if applicable. (College transcripts are applicable for all positions requiring a degree or college credits.) You may submit copies if you bring the certified copy with you to the interview. Certified copies shall remain in an envelope sealed by the college’s registrar.
8. Include a copy of Military **DD-214** form, if applicable.

You are assured that the information supplied by you in this questionnaire will be considered confidential and not disclosed to unauthorized persons. The information is for official use only and will be utilized to investigate and evaluate your suitability for appointment with this agency. However, the above guarantee of confidence will be considered void in the event that the subsequent investigation discloses criminal acts or participation on your part in unlawful or illegal activities.

GENERAL CONSIDERATIONS

- Each year the Department of Public Safety receives thousands of applications for a very limited number of available positions. All applications are judged competitively with other candidates.
- The Department of Public Safety has special requirements, which necessitate the use of certain employment criteria. Our investigative process includes an evaluation of the applicant's personal and professional qualifications, as well as other criteria.
- This comprehensive review may result in a decision that you will not be offered employment. In this regard, the decision of the Department of Public Safety is final, and no statement of specific reasons for the decision will be provided.

CERTIFICATION

I have read, understand, and agree to the General Considerations. If I am not selected, I understand that no statement of the reason(s) for that decision will be provided to me.

DATE

SIGNATURE OF APPLICANT

NOTICE TO PROSPECTIVE EMPLOYEES

Code of Ethics

Each section employee is required to follow the Louisiana Code of Governmental Ethics, and the Office of State Police Policy and Procedural Manual (Chapter 11-00 Bureau of Investigations).

The following are excerpts from Procedural Order 11-03, Prohibited Activities and Interests:

- No Division employee or his spouse shall, personally or through another, gamble or engage in any gaming activity in any establishment regulated by the Division except in the course of his duties. This prohibition applies to all gaming establishments of the applicant/licensee or any holding, intermediary, or subsidiary companies thereof. This regulation does not apply to an employee who is on authorized, approved leave and on vacation out of Louisiana as long as the employee does not use his official position for personal gain.
- No Division employee shall engage in any business, profession, trade, or occupation, which is subject to licensing, or regulation by the employee's assigned section. When an employee's spouse, parent, sibling, or child is engaged in any business, profession, trade, or occupation, which is subject to licensing or regulation by the employee's assigned section, the employee shall notify the Superintendent in writing through the chain of command. The employee may be subject to transfer or reassignment.
- No Division employee may be employed in any capacity by an applicant/licensee/permittee, or any holding, intermediary, or subsidiary company thereof, which is regulated by the Division. When an employee's spouse, parent, sibling, or child is employed in any capacity by an applicant/licensee/permittee, or any holding, intermediary, or subsidiary company regulated by the employee's assigned section, the employee shall notify the Superintendent in writing through the chain of command. The employee may be subject to transfer or reassignment.
- No Division employee shall solicit or accept employment from an applicant/licensee/permittee, or any holding, intermediary, or subsidiary company thereof, which the Gaming Division regulates, for a period of two (2) years after termination of service with the Division.
- No Division employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction or professional activity with an applicant/licensee/permittee or any holding, intermediary, or subsidiary company thereof subject to regulation or licensing by the Division with the expectation of financial benefit. An employee whose spouse, parent, sibling, or child has any interest, financial or otherwise, direct or indirect, or engages in any business transaction or professional activity with an applicant/licensee/permittee, or any holding, intermediary, or subsidiary company thereof subject to the regulation or licensing by the Division shall notify the Superintendent in writing through the chain of command. Financial interest does not include the purchase of mutual fund shares where the fund's investment decisions are not controlled by the investor.

THE DEPARTMENT OF PUBLIC SAFETY'S SECURITY PROCESS

1. The use of the polygraph examination under strictly controlled conditions provides a reliable method of verification of the information furnished by candidates on both their applications and during their interviews.
2. Polygraph examinations rely on the applicant's own physiological response to relevant questions regarding the applicant's character, integrity, and loyalty.
3. It is the policy of the Department of Public Safety to use polygraph examinations only when the applicant freely and voluntarily consents to a polygraph examination.
4. No applicant shall be excluded from employment for the sole reason of declining to voluntarily submit to a polygraph examination.
5. The Department of Public Safety polygraph experts administer a standardized examination to insure that all participants are fairly and equally examined no matter where or by whom. Your polygraph expert will advise you before any test of the questions that will be asked.
6. The above procedure has proven to be a reliable security process. All information developed is confidential and not released outside the State Police.

CERTIFICATION

I have read, understand, and agree to the General Considerations. If I am not selected, I understand that no statement of the reason(s) for that decision will be provided to me.

☐ I do voluntarily and freely consent and hereby request the security clearance polygraph examination.

☐ I decline the polygraph examination.

SIGNATURE OF APPLICANT

DATE

**LOUISIANA DEPARTMENT OF PUBLIC SAFETY
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the State Police, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including but not limited to hospitals, clinics, private practitioners, public facilities and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, polygraph reports, and charts; efficiency ratings; complaints or grievances filed by or against me; and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the State Police. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Printed Name: _____

Signature: _____

Date: _____

Home Phone # (Area Code and Number): _____

Birthdate: _____

Social Security #: _____

Physical Address

Mailing Address (if different)

NOTE: You must notify Internal Affairs @ (225) 925-6189 if your physical or mailing address changes, and any change in your telephone numbers listed.

*The department is required by federal law to provide you with a copy of your rights relating to the Federal Fair Credit Reporting Act (FCRA). By signing this document you are acknowledging that you have received, read, and understand the FCRA rights attached to this application. (Please remove pages 5A, 5B, and 5C for your records.)

FEDERAL REGISTER/ VOL. 62, NO. 126/ TUESDAY, JULY 1, 1997
RULES AND REGULATIONS

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “Consumer Reporting Agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy to creditors, employers, landlords, and other businesses.

You can find the complete text of the FCRA, 15 U.S.C. 1681-1681U, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local Consumer Protection Agency or a State Attorney General to learn those rights.

You must be told if information in your file has been used against you.

Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file.

At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty (60) days of receiving notice of the action. You also are entitled to one free report every twelve (12) months upon request if you certify that: (1) you are unemployed and plan to seek employment within sixty (60) days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to nine dollars (\$9).

You can dispute inaccurate information with the CRA.

If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty (30) days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise National CRA – to which it has provided the information – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If any item is deleted or a disputed statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted.

A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty (30) days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless

the information source verified its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information.

If you tell anyone – such as a creditor who reports to the CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may be reported.

In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited.

A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information.

A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.

Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators.

If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in State and Federal Court.

The FCRA gives several different Federal Agencies authority to enforce the FCRA:

.....
For questions or concerns, please contact CRAs, Creditors, or
.....

Federal Trade Commissions
Consumer Response Center – FCRA
Washington, DC 20580
(202) 326-3761
.....

National Banks, Federal Branches/Agencies of Foreign Banks (word “National” or initials “N.A.” appear in or after the bank’s name) at:
Office of the Comptroller of the Currency Compliance Management,
Mail Stop 6-6
Washington, DC 20219
(800) 613-6743

Federal Reserve System Member Banks (Except National Banks, and Federal Branches/Agencies of Foreign Banks)
at:
Federal Reserve Board
Division of Consumer/Community Affairs
Washington, DC 20551
(202) 452 - 3693

Savings Associations and Federally Chartered Savings Banks (word “Federal” or initials “F.S.B.” appear in the federal institutions name) at:
Office of Thrift Supervision
Consumer Programs
Washington, DC 20552
(800) 842-6929

Federal Credit Unions (words “Federal Credit Union” appear in the institutions name) at:
National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314
(703) 518-6360

State-chartered banks that are not members of the Federal Reserve System at:
Federal Deposit Insurance Corporation
Division of Compliance / Consumer Affairs
Washington, DC 20429
(800) 934-FDIC (3342)

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission at:
Department of Transportation
Office of Financial Management
Washington, DC 20590
(202) 366-1306

Activities subject to the Packers and Stockyards Act, 1921 at:
Department of Agriculture
Office of Deputy Administrator – GIPSA
Washington, DC 20250
(202 720-7051

SECTION I (IDENTITY DATA)

Name: _____ Nickname(s): _____
Last, First, Middle

Other Names Used: _____

Have you ever had your name legally changed? _____ If yes, give details (previous name, date changed, court, etc.)

Have you ever used an alias? _____ If yes, List: _____

Date of Birth: _____ Place of Birth: _____

Are you a U.S. Citizen? ☐ YES ☐ NO

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Build: _____ Race: _____ Sex: _____

Birthmarks, Scars & Tattoos (Type and Location): _____

Drivers License #: _____ Class: _____ State: _____ Exp. Date: _____

Social Security Number: _____

Home Phone (Area Code & Number): _____ Work Phone (Area Code & Number): _____

Current Employer: _____ May we contact?
☐ YES ☐ NO

Currently Reside With: _____
Name Relationship

List all places of residence below for the last ten (10) years. Begin with current residence. Account for all time. Leave no gaps. (If more space is needed, use separate sheet.)

| <u>FROM</u> Month/Year | <u>TO</u> Month/Year | <u>ADDRESS OF RESIDENCE</u> | <u>CITY, STATE, ZIP</u> |
|----------------------------------|--------------------------------|------------------------------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SECTION II (MARITAL & FAMILY STATUS)

Present Status: (Check One) ☐ SINGLE ☐ MARRIED ☐ SEPARATED
 ☐ DIVORCED ☐ WIDOWED ☐ ANNULLED

If married or separated complete the following information:

Spouse's Full Name (Include Maiden Name): _____

Spouse's Present Address (If Different): _____

Spouse's Date of Birth: _____ Spouse's Social Security #: _____

If ever divorced, complete the following information:

Maiden Name of Former Spouse: _____

Present Name of Former Spouse: _____

Present Address of Former Spouse: _____
Include City and State

Family and Siblings

Provide the following information for all children, parents, siblings, dependents (Include stepchildren and adopted children). If more space is needed, use separate sheets.

| NAME AND ADDRESS | RELATIONSHIP | DATE AND PLACE OF BIRTH |
|------------------|--------------|-------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Has any member of your family ever been convicted of a felony (including those set aside under Article 893 or for which they have been pardoned)? ☐ YES ☐ NO

If yes, give details below (i.e. names, dates, charges, parish/county, dispositions):

Does any member of your family currently have criminal charges pending against them?

☐ YES ☐ NO

If yes, give details below (i.e. names, dates, charges, parish/county, state, agency initiation proceedings, etc.):

List all relatives who are currently employed by this department:

SECTION III (FINANCIAL STATUS)

Present Employer: _____

Address: _____

Phone Number (Area Code & Number): _____

Date Employed: _____ Job Title: _____

Supervisor _____

Present Salary _____ Per month

Spouse's _____

Employer _____

Address: _____

Phone Number (Area Code & Number): _____

Supervisor _____

Present Salary: _____ Per month

Other Family Income Source _____

Amount _____

If you have ever had your salary garnished or currently owe back taxes, supply all pertinent information;

If you have ever instituted civil or criminal action against any person or organization, or if any person or organization has ever instituted civil or criminal action against you, including paternity suits, explain in detail below, listing any and all settlements, attorneys, etc. (Include any out of court settlements.)

SECTION IV (AUTOMOBILE & DRIVERS LICENSE)

If you own a vehicle, complete the following:

Make: _____ Model: _____ Year: _____ Color: _____

Mfg. Serial Number (VIN): _____ License #: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____

Mfg. Serial Number (VIN): _____ License #: _____ State: _____

Have you ever been licensed to drive in another state? ☐ YES ☐ NO

If yes, provide drivers license #, state, and date of expiration below:

Have you ever had your drivers license suspended or revoked? ☐ YES ☐ NO

If yes, give details below, including reason, dates, places, etc.:

List any traffic crashes in which you were involved in the past five (5) years. Also, list any tickets you have received in the past five (5) years, including DWI's.

| <u>DATE</u> | <u>CITY & STATE</u> | <u>OFFENSE</u> | <u>DISPOSITIONS</u> |
|-------------|-------------------------|----------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SECTION V (MILITARY SERVICE)

Have you ever served in the Armed Forces of the United States? ☐ YES ☐ NO

If yes, attach a copy of DD-214 and complete the following information:

Branch: _____

Beginning and Ending Dates of Service: _____

Type of Discharge and Conditions: _____

If you ever received a court martial, an Article 15, a Captain's Mast or other disciplinary action while in the military service, explain the circumstances in detail below. List dates, nature of the offense(s), type(s) of punishment, and disposition of charge(s). Show any and all fines, restrictions, and confinement details.

Are you currently a member of the Armed Forces Reserves? ☐ YES ☐ NO

If yes, Branch: _____

Beginning Date of Service: _____

Rank: _____

Unit of Assignment: _____

Unit Address: _____

Commanding Officer: _____

Commanding Officer's Telephone Number (Area Code & Number): _____

SECTION VI (EDUCATION)**High School**

| Name/Location | Years Attended From – To | Graduate? | | Diploma or Equivalency Certificate |
|---------------|-----------------------------|--------------------------|--------------------------|---------------------------------------|
| | | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

College(s)/University(ies) (Certified Copy of Transcript(s) Required)

| Name/Location | Years Attended From - To | Graduate? | | Degree | Major | Total Hours |
|---------------|-----------------------------|--------------------------|--------------------------|--------|-------|----------------|
| | | YES | NO | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Graduate/Professional Schools

| Name/Location | Years Attended From - To | Graduate? | | Diploma or Equivalency Certificate/Degree | Major Field | Total Hours |
|---------------|-----------------------------|--------------------------|--------------------------|--|-------------|----------------|
| | | YES | NO | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Professional Licenses, Registrations, or Certifications (Engineering, Medical, Dietetic, Ministerial, Pharmaceutical, Marine, etc.). (If more space is needed, use separate sheets.)

| | License #1 | License #2 |
|---|------------|------------|
| Name/Complete Address of Licensing/Certifying Agency | | |
| Date Licensed | | |
| Type of License | | |
| Restrictions, if applicable | | |
| Expiration Date | | |

SECTION VII (EMPLOYMENT HISTORY)

Was employment history noted on the civil service application complete and correct?

☐ YES ☐ NO

If no, list all jobs (full and part-time) you held during the past ten (10) years that were not noted on the civil service application. Explain all periods of unemployment. (If more space is needed, please use separate sheets.)

| | | | | |
|---|-------|--|-----------|---------------|
| Name of Employer: | | Telephone Number of Employer (Area Code and Number): | | |
| Address of Employer: | City: | State: | Zip Code: | Parish/County |
| Position Held: | | Name of Supervisor: | | |
| Employment Period: From – To (Month/Year) | | Reason For Leaving: | | |
| Description of Duties: | | | | |

| | | | | |
|---|-------|--|-----------|---------------|
| Name of Employer: | | Telephone Number of Employer (Area Code and Number): | | |
| Address of Employer: | City: | State: | Zip Code: | Parish/County |
| Position Held: | | Name of Supervisor: | | |
| Employment Period: From – To (Month/Year) | | Reason For Leaving: | | |
| Description of Duties: | | | | |

SECTION VII (EMPLOYMENT HISTORY CONTINUED)

| | | | | |
|---|-------|--|-----------|---------------|
| Name of Employer: | | Telephone Number of Employer (Area Code and Number): | | |
| Address of Employer: | City: | State: | Zip Code: | Parish/County |
| Position Held: | | Name of Supervisor: | | |
| Employment Period: From – To (Month/Year) | | Reason For Leaving: | | |
| Description of Duties: | | | | |

| | | | | |
|---|-------|--|-----------|---------------|
| Name of Employer: | | Telephone Number of Employer (Area Code and Number): | | |
| Address of Employer: | City: | State: | Zip Code: | Parish/County |
| Position Held: | | Name of Supervisor: | | |
| Employment Period: From – To (Month/Year) | | Reason For Leaving: | | |
| Description of Duties: | | | | |

| | | | | |
|---|-------|--|-----------|---------------|
| Name of Employer: | | Telephone Number of Employer (Area Code and Number): | | |
| Address of Employer: | City: | State: | Zip Code: | Parish/County |
| Position Held: | | Name of Supervisor: | | |
| Employment Period: From – To (Month/Year) | | Reason For Leaving: | | |
| Description of Duties: | | | | |

SECTION VII (EMPLOYMENT HISTORY CONTINUED)

Prior to this application, have you ever applied for employment with any law enforcement agency?

☐ YES ☐ NO

If yes, list below the dates of application, name of agency, position for which you applied, and the surrounding circumstances. (Reason for your rejection, declination, etc.)

Do you have any full-time, paid commissioned law enforcement experience?

☐ YES ☐ NO

If yes, give total amount of service credit:

Years/Months

Are you currently certified through Louisiana Peace Officer Standard Training (POST) Council?

☐ YES ☐ NO

If you are a former employee who was separated from the department for any reason (resigned, suspended, terminated, etc.), give all pertinent information regarding this prior employment below. (Date of Appointment, Date of Separation, Reason for Termination of Employment, Unit of Assignment, Immediate Supervisor's Name, etc.):

SECTION VIII (LIFESTYLE)

It is important to remember that any misstatement on your part concerning the following information may be cause for rejection or dismissal.

- A. Do you use alcoholic beverages? ☐ YES ☐ NO

If yes, to what extent? _____

- B. During the last five (5) years, what is the largest amount you have wagered at one time? _____

- C. Which of the following forms of gambling have you ever participated in:

| Type of Gambling | Wagered? | | Frequency (How Often) | Average Wager |
|------------------|--------------------------|--------------------------|------------------------|---------------|
| | YES | NO | | |
| Video Poker | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Casino | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sports Betting | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Horse Racing | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | | |

- D. List your reasons for wanting to be an employee of this agency:

- E. Have you ever been arrested for any law violation, including juvenile arrests and/or contacts?
☐ YES ☐ NO

- F. Have you ever been convicted for any law violation other than traffic violations listed on page 10?
☐ YES ☐ NO

If your answer is "YES" to either question, list details below, including arresting agency, date, location, charge, disposition, etc.

I CERTIFY THAT THE STATEMENTS ON ALL PAGES OF THIS PERSONAL DATA QUESTIONNAIRE ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ALL STATEMENTS WILL BE INVESTIGATED FOR ACCURACY. I REALIZE THAT ANY MISSTATEMENT ON MY PART MAY BE A CAUSE FOR MY REJECTION OR DISMISSAL.

I FULLY RECOGNIZE THAT ANY COMMITMENT OF APPOINTMENT TO A POSITION WITH THE DEPARTMENT OF PUBLIC SAFETY IS SUBJECT TO A REVIEW OF CHARACTER INVESTIGATION AND EMPLOYMENT CHECK AND THAT I MUST BE WITHIN REACH ON THE CURRENT ELIGIBILITY LIST.

THE DEPARTMENT OF PUBLIC SAFETY MAY, FOLLOWING REVIEW AND AUDIT OF THE ABOVE MENTIONED INVESTIGATIONS AND EXAMINATIONS, RESCIND OR CANCEL MY APPOINTMENT.

Applicant's Signature

Date